

## FAX TRANSMISSION

DATE: November 30, 2004

PTO IDENTIFIER: Application Number 09/588,350-Conf. #8119  
Patent Number

Inventor: Kazuo Matsuyama et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP  
Morris Liss

PHONE: (202) 331-7111

Attorney Dkt. #: 20162-00557-US

PAGES (Including Cover Sheet): 5

CONTENTS: Rec Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Notice of Appeal (1 page)  
Charge \$450.00 to deposit account 22-0185  
Certificate of Transmission (1 page)

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Application No. (if known): 09/588,350 Attorney Docket No.: 20162-00557-US

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Fee Transmittal  
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PTO/ISS/17 (11-04)

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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>				<b>Complete if Known</b>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number: 09/588,350-Conf. #8119			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 450.00				Filing Date: June 7, 2000			
				First Named Inventor: Kazuo Matsuyama			
				Examiner Name: P. E. Elisca			
				Art Unit: 3621			
				Attorney Docket No.: 20162-00557-US			

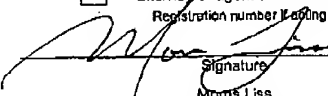
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None				<b>2. EXTRA CLAIM FEES</b>																																																																																							
Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td><b>Total Claims</b></td> <td style="text-align: right;"><b>Extra Claims</b></td> <td style="text-align: right;"><b>Fee (\$)</b></td> </tr> <tr> <td colspan="3" style="text-align: center;">           - 20 or HP = X =            HP= highest number of total claims paid for, if greater than 20         </td> </tr> <tr> <td><b>Indep. Claims</b></td> <td style="text-align: right;"><b>Extra Claims</b></td> <td style="text-align: right;"><b>Fee (\$)</b></td> </tr> <tr> <td colspan="3" style="text-align: center;">           - 3 or HP = X =            HP= highest number of independent claims paid for, if greater than 3         </td> </tr> <tr> <td><b>Multiple Dependent Claims</b></td> <td style="text-align: right;"><b>Fee (\$)</b></td> <td style="text-align: right;"><b>Fee Paid (\$)</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Subtotal (2) \$</b></td> <td style="text-align: right;"><b>0.00</b></td> </tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	- 20 or HP = X = HP= highest number of total claims paid for, if greater than 20			<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	- 3 or HP = X = HP= highest number of independent claims paid for, if greater than 3			<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Subtotal (2) \$</b>		<b>0.00</b>																																																
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<b>SUBMITTED BY</b>				<b>Registration No.</b> 24,510		<b>Telephone</b> (202) 331-7111	
<b>Signature</b>				<b>Date</b>		<b>November 30, 2004</b>	
<b>Name (Print/Type)</b> Morris Liss							

369128

PTO/SB/22 (10-04)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.138(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) 20162-00557-US	
Application Number 09/588,350-Conf. #8119		Filed June 7, 2000	
For <b>ELECTRONIC RIGHTS INFORMATION PROCESSING SYSTEM, METHOD AND APPARATUS FOR CARRYING OUT SAME AND RECORDED MEDIUM FOR PROGRAM CARRYING OUT THE METHOD</b>			
Art Unit 3621		Examiner P. E. Elisca	
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$110.00	Small Entity Fee \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number listing under 37 CFR 1.34(a) <u>24,510</u>			
 Signature Morris Liss		November 30, 2004 Date	
Typed or printed name		(202) 331-7111 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			